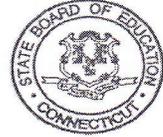




STATE OF CONNECTICUT
DEPARTMENT OF EDUCATION



TO: Potential 2010 Summer Food Service Program (SFSP) Sponsors

FROM: Cheryl Resha, Education Manager *Cheryl Resha*
Bureau of Health/Nutrition, Family Services and Adult Education

DATE: March 11, 2010

SUBJECT: Operational Memorandum #02-10 – SFSP

1. Income Eligibility Application
2. Income Guidelines
3. Parent Letter
4. Documenting Eligibility of Closed Enrolled Sites and Camps in SFSP

1. Residential camps and sponsors with enrolled program sites (not located in low-income areas) will be revising and printing income eligibility applications for the 2010 program. An original, sample Income Eligibility Application is enclosed, to be used to make copies for the program. It can be copied back-to-back. Due to the small print, this original should be retained to make future copies to ensure a readable form. It is allowable to customize the form to meet program needs; however, the content may not be changed.

Note: The sample enclosed has been revised and only the 2010 version may be used.

2. The Income Guidelines effective July 1, 2009 to June 30, 2010, are enclosed. These are for use by sponsors only to determine income eligibility categories and **are not distributed to parents or households**. New guidelines effective July 1, 2009, will be forwarded upon receipt from the U.S. Department of Agriculture.

Note:

- Eligibility determinations made prior to July 1, 2010, must be made using the guidelines in effect at the time the eligibility determination is made; and
- Conversion factors for converting different frequencies of income to one common denominator have changed from monthly conversions to annual conversions. For example, a weekly income must now be multiplied by 52 instead of 4.33, and a biweekly income must now be multiplied by 26 instead of 2.15. Conversions to an annual income are only necessary when a household provides multiple incomes with different frequencies in Part 2B of the Income Eligibility Application.

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3. A sample Letter to Parents containing the 2009-10 income guidelines for reduced price meals is enclosed. The letter must be distributed to parents/households with the income eligibility application.

Note: The enclosed sample parent letter has been revised and only the 2010 version may be used.

4. Sponsors may document an enrolled site (not located in a low-income area) or camp site's eligibility by:
 - a. obtaining lists of names and eligibility status of enrolled children for free and reduced price meals from schools where the children receive school lunch or breakfast; or
 - b. collecting completed income eligibility applications from the parent/guardian of each enrolled child.

Note: The law permits all sponsors to use school-based eligibility information to document eligibility as noted above. The local School Food Authority does not need parental consent forms in order to provide this information to SFSP sponsors.

The income eligibility application, income guidelines, and sample parent letter are available for download from the SFSP Web site. The SFSP Web site can be accessed at:

<http://www.sde.ct.gov/sde/cwp/view.asp?a=2626&Q=320670>

Questions pertaining to this memorandum may be directed to Susan Bohuslaw at 860-807-2073 or Robert Zwack at 860-807-2081.

CR:sbb

Enclosures: (3)

Sample **INCOME ELIGIBILITY APPLICATION**

Summer Nutrition Program

PART 1 - Child's Name: _____ **Age:** _____ **Birth date:** _____

PART 2A - HOUSEHOLDS NOW RECEIVING SNAP (formerly known as Food Stamps) or TFA BENEFITS:

Complete this part and sign the application in Part 3 - DO NOT complete Part 2B.

Supplemental Nutrition Assistance Program or SNAP (formerly known as Food Stamps) Case Number: _____

TFA (Temporary Family Assistance) Case Number: _____

PART 2B - ALL OTHER HOUSEHOLDS: If you did not complete Part 2A, complete this Part and Part 3.

NAMES	CURRENT MONTHLY INCOME			
	Earnings from Work (Before Deductions) Job 1	Welfare, Child Support, Alimony	Payments from Pensions, Retirement, Social Security	Earnings from Job 2 or any Other Income
1. _____	\$ _____	\$ _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____	\$ _____	\$ _____
4. _____	\$ _____	\$ _____	\$ _____	\$ _____
5. _____	\$ _____	\$ _____	\$ _____	\$ _____
6. _____	\$ _____	\$ _____	\$ _____	\$ _____
7. _____	\$ _____	\$ _____	\$ _____	\$ _____

PART 2C - FOSTER CHILD: Complete this Part and Part 3. If this is a foster child check here [] and write the child's "personal use" income: \$ _____ and how often it is received: _____.

PART 3 - SIGNATURE: An adult household member must sign and date the application before it can be approved.

PENALTIES FOR MISREPRESENTATION: I certify that all of the above information is true and correct and that the SNAP or TFA number is current, correct or that all income is reported. I understand that this information is being given for the receipt of Federal funds; that institution officials may verify the information on the application and the deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

Signature of adult _____ Social Security number _____ - _____ - _____

Printed name of adult _____ Date signed _____

Home telephone _____ Work telephone _____ Home Address _____ Zip code _____

PART 4 - RACIAL AND ETHNIC IDENTITY: You are not required to answer this question.

Ethnicity: [] Hispanic or Latino [] Not Hispanic or Latino

Race: [] White [] Black or African American [] Asian [] American Indian or Alaskan Native [] Native Hawaiian or Other Pacific Islander

Privacy Act Statement. *This explains how the information you provide will be used.* Section 9 of the National School Lunch Act requires that unless the participant's Supplemental Nutrition Assistance Program (SNAP) or TFA number is provided, you must include the social security number of the household member signing the application or an indication that the household member signing the application does not possess a social security number. Provision of a social security number is not mandatory, but if a social security number is not provided or an indication is not made that the adult household member signing the application does not have one, the application cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a SNAP or TFA office to determine current certification for receipt of SNAP or TFA benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported. The social security number may also be disclosed to programs as authorized under the National School Lunch Act and the Child Nutrition Act, the Comptroller General of the United States, and law enforcement officials for the purpose of investigating violations of certain Federal, State and local education, health and nutrition programs. Your eligibility information may be shared with education, health and nutrition programs to help them evaluate, fund or determine benefits for their programs; auditors for program reviews; and law enforcement officials to help them look into violations of program rules.

For Sponsor Use Only

Annual Income Conversion: Weekly X 52 ♦ Every 2 Weeks X 26 ♦ Twice a Month X 24 ♦ Monthly X 12

Total family income \$ _____ Family size _____ OR SNAP/TFA household

Eligible: _____ NOT Eligible: _____ Temporary Eligible: _____ Time Period: _____

Sponsor Eligibility Official _____ Date _____
Signature

INCOME ELIGIBILITY APPLICATION INSTRUCTIONS

Please complete the Income Eligibility Application using the instructions below. Sign the application and return it to the program. If you have any questions or need help filling out the application, contact _____ at _____.

PART 1 - CHILD INFORMATION: COMPLETE THIS PART.

Print the name of the child enrolled in the program. Include age and birth date. Please fill out one application for each enrolled child.

PART 2A - HOUSEHOLDS RECEIVING SNAP (formerly known as Food Stamps) OR TEMPORARY FAMILY ASSISTANCE (TFA): COMPLETE THIS PART AND PART 3.

1. List your current SNAP (formerly, Food Stamps) case number or your TFA case number for the child. Do not complete Part 2B.
2. An adult household member must sign the application in PART 3.

PART 2B - ALL OTHER HOUSEHOLDS: COMPLETE THIS PART AND PART 3.

1. Write the names of everyone in your household.
2. Write the amount of income (the amount before taxes or anything else is taken out), how often income (i.e., weekly, every two weeks, twice a month, or monthly) was received last month for each household member, and where it came from, such as earnings, welfare, pensions, and other income (refer to examples below for types of income to report). If any amount last month was more or less than usual, write that person's usual income.
3. An adult household member must sign this income eligibility application and give his/her social security number in PART 3.

PART 2C - FOSTER CHILD: COMPLETE THIS PART AND PART 3 FOR EACH FOSTER CHILD LIVING IN YOUR HOME AND ENROLLED IN THE PROGRAM. In certain cases, foster children are eligible for these benefits regardless of the household income.

PART 3 - SIGNATURE AND SOCIAL SECURITY NUMBER: ALL HOUSEHOLDS COMPLETE THIS PART.

1. All income eligibility applications must have the signature of an adult household member;
2. The adult household member who signs the application must include his/her social security number. If he/she does not have a social security number, write "none". If you listed a SNAP or TFA number, a social security number is not needed.

PART 4 - RACIAL/ETHNIC IDENTITY: COMPLETE THE RACIAL/ETHNIC IDENTITY QUESTION IF YOU WISH.

You are not required to answer this question. However, this information will help ensure that everyone is treated fairly.

INCOME TO REPORT

Earnings from Employment

Wages/salaries/tips
Strike benefits
Unemployment compensation
Worker's compensation
Net income from self-owned business or farm

Pensions/Retirement/Social Security

Pensions
Supplemental security income
Retirement income
Veteran's payments
Social Security

Other Income

Disability benefits
Cash withdrawn from savings
Interest/dividends
Income from estates/trusts/
investments
Regular contributions from
persons not living in the
household
Net royalties/annuities/
net rental income
Any other income

Foster Child's Income

Only funds from welfare agency identified by category for personal use of child (clothing, school fees, etc.), funds from child's family for personal use and earnings from other than occasional or part-time employment. Do not count funds from welfare agency for shelter, care, etc.

Welfare/Child Support/Alimony

Public assistance payments
Welfare payments
Alimony/child support payments

Military Households

All cash income, including military housing/uniform allowances. Does not include "in-kind" benefits not paid in cash (base housing, clothing, food, medical care, etc.).

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INCOME*GUIDELINES FOR
DETERMINING ELIGIBILITY
FOR FREE AND REDUCED
PRICE MEALS

CONNECTICUT STATE DEPARTMENT OF EDUCATION
Child and Adult Care Food Program and Summer Food Service Program

INSTRUCTIONS

Rev. 06/03/09
7CFR Part 245.3(a)

1. Income guidelines to be used by all persons reviewing applications.
2. Distribute to all schools/sites for use by determining officials.

The following income guidelines will be used in Connecticut from **July 1, 2009**, to **June 30, 2010** for determining eligibility of participants for free and reduced price meals in the Child Nutrition Programs.

FREE MEALS/MILK

REDUCED PRICE MEALS

Number in Family	Annual Gross Income	Monthly Gross Income	Every Two Weeks Gross Income	Weekly Gross Income	Number in Family	Annual Gross Income	Monthly Gross Income	Every Two Weeks Gross Income	Weekly Gross Income
1	14,079	1,174	542	271	1	20,036	1,670	771	386
2	18,941	1,579	729	365	2	26,955	2,247	1,037	519
3	23,803	1,984	916	458	3	33,874	2,823	1,303	652
4	28,665	2,389	1,103	552	4	40,793	3,400	1,569	785
5	33,527	2,794	1,290	645	5	47,712	3,976	1,836	918
6	38,389	3,200	1,477	739	6	54,631	4,553	2,102	1,051
7	43,251	3,605	1,664	832	7	61,550	5,130	2,368	1,184
8	48,113	4,010	1,851	926	8	68,469	5,706	2,634	1,317
Each Add'l Family Member	+ 4862	+ 406	+ 187	+94	Each Add'l Family Member	+ 6,919	+ 577	+ 267	+ 134

If a household has only one source of income, or if all sources of income are the same frequency, **do not** use conversion factors. Compare the income or sum of the incomes to the chart above for the appropriate frequency and household size to make the eligibility determination.

Many households have different sources of income coming into the home at different frequencies, such as weekly or bi-weekly wages and monthly social security benefits. In these situations, all sources of income should be converted to an **annual** amount using the following calculations: **Weekly X 52** ♦ **Every 2 weeks X 26** ♦ **Twice a Month X 24** ♦ **Monthly X 12**

*Income means income before deductions such as income taxes, Social Security taxes, insurance premiums, charitable contributions and bonds. It includes the following: 1) Monetary compensation for services, including wages, salary, commissions or fees; 2) net income from non-farm self-employment; 3) net income from farm self-employment; 4) Social Security; 5) dividends or interest on savings or bonds or income from estates or trusts; 6) net rental income; 7) public assistance or welfare payments; 8) unemployment compensation; 9) government civilian employee or military retirement, or pensions or veterans' payments; 10) private pension or annuities; 11) alimony or child support payments; 12) regular contributions from persons not living in the household; 13) net royalties; and 14) other cash income. Other cash income would include cash amounts received or withdrawn from any source including savings, investments, trust accounts and other resources.

“Income” as used here does not include any income or benefits received under any Federal programs which are excluded from consideration as income by any legislative prohibition, for example, the value of benefits received under the Supplemental Nutrition Assistance Program or SNAP (formerly known as Food Stamps).

In applying guidelines, a School Food Authority/institution **must** compare the household's size and total household income to the income guidelines to determine eligibility for free or reduced price meals. If one or more of a child's parents or guardians become unemployed and the family's income drops due to this unemployment so that the child should be eligible for free or reduced price meals during the period of unemployment, the School Food Authority/institution shall provide that child with the type of meal for which the child is eligible.

SAMPLE PARENT LETTER
SUMMER FOOD SERVICE PROGRAM (SFSP)

Enrolled Programs and Camps not Charging Separately for Meals

Dear Parent/Guardian:

The _____ is planning to seek assistance for nutritious meals served under the Summer Food Service Program for Children. This program is funded by the U.S. Department of Agriculture (USDA) and administered by the Connecticut State Department of Education.

Our program may receive reimbursement for meals served to children meeting the eligibility criteria for free or reduced price school meals. We must document the eligibility of these children by obtaining family-size and income data. Households with incomes less than or equal to the guidelines on the following page are eligible for free meals. Please complete, sign, date and return the attached application. **The information you provide will be treated confidentially and will be used only for eligibility determination.**

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM or SNAP (formerly known as Food Stamps)/TFA HOUSEHOLDS: If you currently receive SNAP (formerly known as Food Stamps) or Temporary Family Assistance (TFA) benefits for your child, you only have to list your child's name, SNAP or TFA case number and sign the application. A child who receives SNAP or TFA benefits is automatically eligible for free meals in the Program.

ALL OTHER HOUSEHOLDS: If your household income is at or below the level shown on the scale on the attached page, it is necessary to provide the following information for your application to be processed.

HOUSEHOLD MEMBERS: List the names of everyone who lives in your household. Include parents, grandparents, all children, other relatives and unrelated people who live in your household.

SOCIAL SECURITY NUMBERS: List the social security number of the adult household member who signs the application. If the adult does not have a social security number, print "None".

CURRENT INCOME: List the amount of income each person earned **last** month (BEFORE deductions for taxes, social security, etc.), the frequency of income and where it is from, such as wages, retirement or welfare. If any household member's income last month was higher or lower than usual, list that person's usual average monthly income.

SIGNATURE: An adult household member must sign the application.

FOSTER CHILDREN: In certain cases, foster children are eligible for these benefits regardless of the household income. If a household has a child living with them who is a legal ward of the State of Connecticut, that child is considered a family of one, and monthly income from the State must be listed.

NONDISCRIMINATION: In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call 800-795-3272 or 202-720-6382 (TTY). USDA is an equal opportunity provider and employer.

REAPPLICATION: If you are not eligible now but have a decrease in household income, an increase in household size, or become unemployed, fill out an application at that time. Participants having family members who become unemployed are eligible for free or reduced-priced meals during the period of unemployment, provided that the loss of income causes the family income during the period of unemployment to be within the eligibility standards for those meals.

Note: Attach the current reduced price income guidelines

Attach to Parent Letter

GROSS INCOME GUIDELINES FOR REDUCED PRICE MEALS

EFFECTIVE FROM JULY 1, 2009 - JUNE 30, 2010

<u>HOUSEHOLD SIZE</u>	<u>ANNUAL</u>	<u>MONTHLY</u>	<u>BIWEEKLY</u>	<u>WEEKLY</u>
1	20,036	1,670	771	386
2	26,955	2,247	1,037	519
3	33,874	2,823	1,303	652
4	40,793	3,400	1,569	785
5	47,712	3,976	1,836	918
6	54,631	4,553	2,102	1,051
7	61,550	5,130	2,368	1,184
8	68,469	5,706	2,634	1,317
Each Additional Family Member	+ 6,919	+ 577	+ 267	+ 134